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<b>PATENT APPLICATION FEE DETERMINATION RECORD</b>						Application or Docket Number <b>09/894389</b>			
Substitute for Form PTO-875									
<b>APPLICATION AS FILED – PART I</b>				<b>SMALL ENTITY</b>		<b>OR</b>		<b>OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	RATE (\$)	FEE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))									
SEARCH FEE (37 CFR 1.16(k), (l), or (m))									
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))									
TOTAL CLAIMS (37 CFR 1.16(i))	21	minus 20 =	1	X	=		X	18	18
INDEPENDENT CLAIMS (37 CFR 1.16(h))	2	minus 3 =	-	X	=		X	80	=
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+210	
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL			TOTAL	768	
<b>APPLICATION AS AMENDED – PART II</b>									
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	82	Minus	21	=	X	=	X	50	50
Independent (37 CFR 1.16(h))	0	Minus	3	=	X	=	X	200	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								+360	
TOTAL ADD'L FEE							TOTAL ADD'L FEE	50	
(Column 1)		(Column 2)		(Column 3)		(Column 4)		(Column 5)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	-	Minus	-	=	X	=	X	=	=
Independent (37 CFR 1.16(h))	-	Minus	-	=	X	=	X	=	=
Application Size Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									
TOTAL ADD'L FEE							TOTAL ADD'L FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

MICHAEL A. EPSTEIN

PHUS 010313

Serial No.: 09/894,389

Group Art Unit: 2132

Filed: June 28, 2001

Examiner: K. Zand

Title: DATA PROTECTION VIA REVERSIBLE DATA DAMAGE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified application.

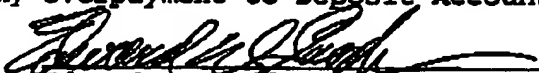
[ X ] No additional fee is required.

[ ] The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims remaining after amendment	Highest number previously paid for	Number extra	Rate	Additional Fee
Total Claims	21 Minus 21 <sup>1</sup> =		X \$50 =		\$
Independent Claims	2 Minus 3 <sup>2</sup> =		X \$200 =		\$
Multiple Dependent Claims, if any. If not previously paid, \$360.					\$
Total Additional fee for this amendment				=	\$

<sup>1</sup>If less than 20, enter 20. <sup>2</sup>If less than 3, enter 3.

Please charge any fees which may be required, except the issue fee, or credit any overpayment to Deposit Account No. 14-1270.

  
Edward W. Goodman, Reg. 28,613  
914-333-9611

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